



APPLICATION - SHEET METAL SYSTEMS TO BOARD: _____

PLEASE CHECK YOUR EXAM DATE

DEADLINE: FRIDAY, JULY 25, 2014

EXAM: FRIDAY, AUGUST 08, 2014 ()

OR

DEADLINE: FRIDAY, OCTOBER 31, 2014
EXAM: SATURDAY, NOVEMBER 15, 2014 ()

Requirements:

LICENSE:

PERMIT: Proof of enrollment in Apprentice program

CITY OF ALLENTOWN ORDINANCE # 1710

PLEASE PRINT OR TYPE CLEARLY:

NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY :** _____

PLACE AN "X" IN THE SPACE DIRECTLY ACROSS FROM THE TYPE OF CERTIFICATION YOU ARE APPLYING FOR:

SHEET METAL SYSTEMS TECHNICIAN LICENSE: _____ **\$180.00**

SHEET METAL SYSTEMS APPRENTICE PERMIT: _____ **\$90.00**

*****CERTIFICATION FEES ARE NON-REFUNDABLE WITHOUT THE SHEET METAL LICENSING BOARD APPROVAL*****

EMPLOYERS NAME: _____ **YEARS OF SERVICE:** _____

COMPANY

NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

IF SELF-EMPLOYED - FULL NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BUSINESS PHONE: _____

OTHER CURRENT SHEET METAL SYSTEM LICENSES HELD:

*****IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SHEET TO THE APPLICATION*****

1. _____ 3. _____
2. _____ 4. _____

IMPORTANT: Before a permit can be issued the applicant shall furnish a Certificate of Insurance (Workmen's Compensation, Bodily Injury, Property damage), unless a Certificate of Insurance is currently on file in the Bureau of Building Standards and Safety.

*****IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SHEET TO THE APPLICATION*****

EDUCATION

Elementary School: _____ Year Graduated: _____

High School: _____ Year Graduated: _____

College: _____ Year Graduated: _____

Technical School/s: _____ Year Graduated: _____

_____ Year Graduated: _____

Practical Experience and/or Apprentice Programs:

APPLICATION STATEMENT

I WILL ABIDE BY ALL CODES AND ORDINANCES OF THE CITY OF ALLENTOWN.

If granted a Sheet Metal Systems License or Apprentice Permit under this application:

- 1. I will NOT permit the use of my License by any other firm or person.**
- 2. I WILL file applications for permits according to the provisions of the State of Pennsylvania Uniform Construction Code, City of Allentown, PA.**

The above statements are true to the best of my knowledge and belief:

DATE: _____

APPLICANT'S SIGNATURE

DATE: _____

NOTARY

**SEND TO: CITY OF ALLENTOWN
BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION
435 HAMILTON STREET - ROOM 428
ALLENTOWN, PA 18101-1699**

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